

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						10/089701					
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	IND.	DER.
1	/		/		/		51				
2	/		/		/		52				
3	/		/		/		53				
4	/		/		/		54				
5	/		/		/		55				
6	/		/		/		56				
7	/		/		/		57				
8	/		/		/		58				
9	/		/		/		59				
10	/		/		/		60				
11	/		/		/		61				
12	/		/		/		62				
13	/		/		/		63				
14	3		/		/		64				
15	3		/		/		65				
16	11		/		/		66				
17	8		/		/		67				
18	3		/		/		68				
19	/		/		/		69				
20	/		/		/		70				
21			/		/		71				
22			/		/		72				
23			/		/		73				
24			/		/		74				
25			/		/		75				
26			/		/		76				
27			/		/		77				
28			/		/		78				
29			/		/		79				
30			/		/		80				
31			/		/		81				
32			/		/		82				
33			/		/		83				
34			/		/		84				
35			/		/		85				
36			/		/		86				
37			/		/		87				
38			/		/		88				
39			/		/		89				
40			/		/		90				
41			/		/		91				
42			/		/		92				
43			/		/		93				
44			/		/		94				
45			/		/		95				
46			/		/		96				
47			/		/		97				
48			/		/		98				
49			/		/		99				
50			/		/		100				
TOTAL IND.	5		10				TOTAL IND.				
TOTAL DER.	22	←	45	←		↓	TOTAL DER.	←	↓	←	↓
TOTAL CLAIMS	29		55				TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS